1424872

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEC Mail Processing Section

FORM D

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OMB APPROVAL

JAN 18 2008

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Serial						
O.A	TE RECEIVED						

Filing Under (Check box(es) that apply):	le 506 Section 4(6)	PROCESSE
A. BASIC IDENTIFIC	CATION DATA	JAN 2 5 2008
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and in TREVENEX RESOURCES, INC. 25 WEST CATALDO, SUITE A, SPAddress of Executive Offices (Number and Street, Control of the	•	(509) 623-0122 THOMSON FINANCIAL Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, (if different from Executive Offices)  MINERAL EXPLORATION	City, State, Zip Code)	Telephone Number (Including Area Code)
Type of Business Organization  Corporation  Imited partnership, already formed	other (p	lease spec. 08023404
business trust limited partnership, to be formed  Month Year  Actual or Estimated Date of Incorporation or Organization: 12 07  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service CN for Canada; FN for other fore		

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION –

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDE	NTII	FICATION DATA				
2. Enter the information request	ed for the following	ng:						
<ul> <li>Each promoter of the iss</li> </ul>	suer, if the issuer h	nas been organized wi	thin t	the past five years;				
	Name (Last name first, if individual)  TZEL, SCOTT  TEST OR REsidence Address (Number and Street, City, State, Zip Code)  WEST CATALDO, SUITE A, SPOKANE, WA 99201  K Box(es) that Apply:							
			orpo	rate general and man	aging	partners of	partne	ership issuers; and
<ul> <li>Each general and manag</li> </ul>	ing partner of part	tnership issuers.						
Check Box(es) that Apply:	Promoter 🗾	Beneficial Owner	Ø	Executive Officer	<b>/</b>	Director		
Full Name (Last name first, if indi WETZEL, SCOTT	vidual)							
			de)					
Check Box(es) that Apply:	Promoter 🔽	Beneficial Owner	Z	Executive Officer		Director		
Full Name (Last name first, if indi	vidual)							
		•	de)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		
Full Name (Last name first, if indi	vidual)							
Business or Residence Address (	Number and Stree	t, City, State, Zip Co	de)				· · <u>-</u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		
Full Name (Last name first, if indi	vidual)							
Business or Residence Address (	Number and Stree	t, City, State, Zip Coo	de)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		
Full Name (Last name first, if indi	vidual)					-	<u> </u>	
Business or Residence Address (	Number and Stree	t, City, State, Zip Coo	de)				•	<del></del>
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		
Full Name (Last name first, if indi	vidual)	<del></del>			·			
Business or Residence Address (	Number and Stree	t, City, State, Zip Coo	de)		<del></del>	······································		
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		
Full Name (Last name first, if indi	vidual)					•		
Business or Residence Address (	Number and Stree	t, City, State. Zip Coo	de)					

				В. І	NFORMAT	ION ABOU	T OFFERI	NG			_	
l. Has t	he issuer sol	d. or does t	he issuer ii	ntend to se	ll. to non-a	ccredited i	nvestors ir	this offer	ing?		Yes	No 
	10 133001 301				, to non u Appendix				•		LA.	Ľ
2. What										s 50	0.00	
										Yes	 No	
	the offering											X
comn If a pe or sta	the informanission or sin erson to be lites. list the n ker or dealer	nilar remune sted is an as ame of the b	eration for s sociated pe proker or de	solicitation erson or age ealer. If me	of purchasent of a brok ore than five	ers in conne ter or deale e (5) person	ection with r registered as to be list	sales of sed d with the S ded are asso	curities in t SEC and/or	he offering with a state	: .	
	e (Last name FERING BY			TORS (N	O COMPE	NSATION	١					
	or Residence						,					
		(·		, ,	,, -	<i>,</i>						
Name of A	Associated B	roker or De	aler									
States in \	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			·	<del></del>		
(Chec	ck "All State	s" or check	individual	States)				***************************************		***************************************	Al	ll States
AL	[ĀK]	AZ	AR	CA	CO	(CT)	DE	[DC]	FL	GA	HI	ĪD
IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
Full Name	: (Last name	first, if ind	ividual)									
Business	or Residence	e Address (	Number an	d Street, C	ity. State.	Zip Code)						
Name of A	Associated B	roker or De	aler									
States in \	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chee	k "All State	s" or check	individual	States)						• • • • • • • • • • • • • • • • • • • •	□ AI	II States
AL	AK	AZ	AR	CA	CO	CT	DE	[DC]	FL	ĞĀ	НП	ĪD
	[N]	lA.	KS	KY	LA	ME	MD	MA	ML	MN	MS	MO
MT	NE	NV	MH	NJ	NM	NY	NC	ND	OH	OK	ÖR	PA
RI	[SC]	SD	TN	TX	UT	VT	VA	WA	$\overline{WV}$	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)								<u>.</u>	
Business	or Residence	e Address (l	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of A	Associated B	roker or De	aler									
States in V	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Chec	ek "All State	s" or check	individual	States)	****************	***************************************		******************	· · · · · · · · · · · · · · · · · · ·	***************************************		II States
AL IL	[AK]	AZ IA	AR KS	CA KY	CO	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK W1	OR WY	PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	с 1	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0.00	\$ 0.00
	Equity		§ 100,500.00
		0.00	0.00
			\$ \$ 0.00
	Partnership Interests		· ———
	Other (Specify)	\$ 0.00	\$ 0.00
	Total	\$_100,500.00	\$_100,500.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 82,200.00
	Non-accredited Investors		\$ 18,300.00
	Total (for filings under Rule 504 only)	42	<u>\$_100,500.00</u>
	Answer also in Appendix. Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	COMMON	§ 100,500.00
	Total		\$_100,500.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees	······································	\$1,200.00
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total		s 1,200.00

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."		S	99,300.00
5.	Indicate below the amount of the adjusted gross proeach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross	<u>I</u>	
			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ <u></u>	<u>0.00</u> \$_0.00
	Purchase of real estate		\$ <u>0.00</u>	\$ 0.00
	Purchase, rental or leasing and installation of mac and equipment	hinery	<b>□</b> \$ <u>0.00</u>	\$_0.00
	Construction or leasing of plant buildings and faci			0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another		
	Repayment of indebtedness			☐ \$ 0.00
	Working capital		<del></del>	S 0.00
	Other (specify):			\$ 0.00
			ss	0.00 s
	Column Totals			S 0.00
	Total Payments Listed (column totals added)			_
		D. FEDERAL SIGNATURE		
igr	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commis	ssion, upon writte	
SSI	ier (Print or Type)	Signature	Date	
TR	EVENEX RESOURCES, INC.	Lestel ell to	01/11/2008	
\ar	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
CC	OTT WETZEL	PRESIDENT		
		· · · · · · · · · · · · · · · · · · ·		

- ATTENTION -

		E. STATE SIGNATURE							
1.		0.262 presently subject to any of the disqualification Yes No							
		See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby under D (17 CFR 239.500) at such times	takes to furnish to any state administrator of any state in which this notice is filed a notice on Form is required by state law.							
3.	<ol> <li>The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished issuer to offerees.</li> </ol>								
4.	limited Offering Exemption (ULOE	nat the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform of the state in which this notice is filed and understands that the issuer claiming the availability establishing that these conditions have been satisfied.							
	uer has read this notification and knows thorized person.	the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned							
Issuer (	Print or Type)	Signature Date							
TREVE	NEX RESOURCES, INC.	2 (ubilel ) 01/11/2008							
Name (	Print or Type)	Title (Print or Type)							
SCOT	T WETZEL	PRESIDENT							

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### **APPENDIX** 1 2 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Amount Yes No Amount AL X X ΑK X × ΑZ X X AR × X $\mathsf{C}\mathsf{A}$ 3 \$30,000.00 16 \$11,500.00 X X CO X X X CT × X DE X DC X X × FL × × GA × Hl × X X ID × X IL X IN × X × ΙA × KS × X ΚY X × LA × X ME × X MD× X × MA X x ΜI X MNX X MS X ×

#### **APPENDIX** 2 3 4 l Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State offered in state waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State No Investors Investors Yes Amount Amount Yes No MO X ×

				APP	ENDIX				
1		2	3  Type of security		4				
	to non-a	d to sell accredited is in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	<u>.</u>	Type of amount pu (Part	under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		×							×
PR		×							×

